

MIKAL S. DUNMORE SR. #AN8531

Name and Prisoner/Booking Number

CSP-SACRAMENTO

Place of Confinement

290066

Mailing Address

REPERESA, CA 95671-290066

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

FILED

Jul 19, 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

MIKAL S. DUNMORE SR.

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. 2:22-cv-1274-EFB (PC)

(To be supplied by the Clerk)

(1) (WARDEN) (W) J. LYNCH

(Full Name of Defendant)

(2) CORRECTIONAL COUNSELOR II (CCTI) J. LEECH

(3) CORRECTIONAL OFFICER (C/O) G. LEE

(4)

Defendant(s).

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

☐ Check if there are additional Defendants and attach page 1-A listing them.

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: CA. STATE PRISON SACRAMENTO

B. DEFENDANTS

1. Name of first Defendant: J. LYNCH. The first Defendant is employed as:
WARDEN (W) at CA-STATE PRISON SACRAMENTO
(Position and Title) (Institution)
2. Name of second Defendant: J. LEECH. The second Defendant is employed as:
CORRECTIONAL COUNSELOR II (CC II) at CA-STATE PRISON SACRAMENTO
(Position and Title) (Institution)
3. Name of third Defendant: G. LEE. The third Defendant is employed as:
CORRECTIONAL OFFICER (C/O) at CA-STATE PRISON SACRAMENTO
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? ____, Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: THE EIGHTH AMENDMENT NO INFLICTION OF CRUEL AND UNUSUAL PUNISHMENT WAS VIOLATED

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

① DEFENDANTS, 3-16-22, SELF ADMITTANCE TO THEIR SEXIST RACIST (WHITE SUPREMACIST / SRWS) POLITICS. TO WIT, DEFENDANTS VERY WELL KNEW BEFORE HAND INMATES TARGETED AN ASSAULT UPON ME. ② AS DEFENDANTS USED THEIR CONFIDENTIAL ENEMY & THEIR SENSITIVE NEEDYARD (SNY) CONTRACT WITH INMATES. ON 3-21-22, TRUE TO DEFENDANTS 3-16-22 SELF ADMITTANCE, IT HAPPENED. I GOT ASSAULTED.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

SEE THE MEDICAL REPORT

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: THE FOURTEENTH AMENDMENT DUE PROCESS; EQUAL PROTECTION OF THE LAWS WAS VIOLATED.

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>CLASSIFICATION PROCESSING.</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

① DEFENDANTS TREATED THIS EMERGENCY OF PUTTING ME AT FURTHER RISK, AFTER I GOT ASSAULTED ON 3-21-22, LIKE IT WAS NOT AN EMERGENCY. ② KEEPING ME IN ADMINISTRATIVE SEGREGATION (AD-SEG) WHILE DEFENDANTS CONFIDENTIAL ENEMY ANY USE OF INMATES CONTINUED UNABATED.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

EMOTIONAL STRESS AND ANXIETY.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not, _____

CLAIM III

1. State the constitutional or other federal civil right that was violated: THE FIRST AMENDMENT, TO PETITION THE GOVERNMENT FOR A REDRESS OF GRIEVANCES WAS VIOLATED.

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input checked="" type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

① DEFENDANTS, AFTER I FILED A STAFF COMPLAINT (SC), LIED TO PRISONERS THAT "I WAS TRYING TO GO SNY." ② DEFENDANTS TOOK FURTHER REPRISALS BY NOT APPROVING ME FOR THE "MEN'S CORRECTIONS REHABILITATION PROGRAM" (M.C.R.P.) WHEN DEFENDANTS WERE TO BE BARRED FROM RETALIATION.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

MENTALLY DEPRESSED

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

STATUTORY, NONIAL, COMPENSATORY, PUNITIVE, MONEY/DAMAGES
M.C.R.P, REMOVAL OF DEFENDANTS, COURT COSTS & ATTORNEY FEE

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/17/22
DATE

Mibel D. S.
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.